MEM-Process Complete Managed Health Care (MHC) Enrollment Form & Incomplete MHC Forms

Purpose:
This procedure explains the process of how to handle enrollment forms returned by members and scanned into the States imaging software OnBase Workflow.

Identification of Roles:
Customer Service Representatives (CSR)

Performance Standards:
Our internal performance measure on this process is that enrollments are to be completed within 2 business days of receipt.

Path of Business Procedure:
Step 1: Login into OnBase Workflow
(See system manual for how to login into: OnBase Workflow)
   a. See procedure on how to get into Member Services work lifecycles, also known as work queues.
   b. Select MEM01-Member Srvcs PreScreening LC and expand it by clicking the plus sign next to it.
   c. Then click on MEM01-Enrollments

Step 2: Log into the Medicaid Management Information System (MMIS).
   a. See system manual for how to login into MMIS
   b. See procedure on how to search for members

Step 3: Using information the member has provided on the form. The CSR enters in the MMIS search screen the members ID #, name or social security number to access the account.
   a. Verify the member name on the form with the one you pulled up by ID #.
   b. Double click on the key wording button.
   c. Copy and paste the members first and last name, ID # and the case number
   d. Click on the save and ok button.
   e. Once you have the form saved you need to double click on the done processing button which will send the form to the MEM02 queue to complete the Managed Health Care (MHC) enrollment.
   f. If you have a blank form then you need to add a note to unit lead giving the reason you are sending it to them.
   g. Click on the attach note button.
   h. Then you need to double click on the unit lead button which will take the form out of the queue.

Step 4: CSR will verify using screen 16 in MMIS that the member was sent a (MHC) letter asking them to choose a doctor.
   a. Verify that the member has any information listed on screen 16.
   b. Verify that the member has an enrollment period established.

Step 5: Once it has been determined the member has Managed Health Care, verify that the member is in open enrollment:
   a. If the enrollment code is "J", the member is in open.
      a. If yes, go to Step6.
      b. If no, continue step b.
   b. Is the member in a mandatory MHC county? (The only counties not mandatory are, Louisa, Dubuque, Scott, Linn, Poweshiek, Ringgold, Wapello, and Des Moines.)
      a. If yes, continue to step c.
      b. If no, verify the member is in open enrollment.
   c. Is today's date between the "open begn" and the "open end"?
      1.   If yes, go to Step 6
      2.   If no, go to Step 5.

Step 6: If the member is not in open enrollment, you will need to see if they listed a good cause reason on the MHC form. If not then it will need to go as a Call Back as the member is in EPP. Add a note click on attach note. Then you need to complete the Extended Participation Period (EPP) log.

   a. There are several good cause reasons to change. If the member has a "good cause" reason to change, proceed to Step 6.
   b. A letter will be generated explaining to the member is in closed enrollment and will need to call back when they get a letter advising them that they are now in open enrollment or fill out the MHC enrollment form.

Step 7: Look to see if there is a provider's name and the county they are in listed on MHC form.
   a. If it doesn't list the provider name, see if the clinic is listed with address.

Step 8: Look up the provider in MMIS the Provider Subsystem, Screen 9 or in the provider directory you have been given.
   a. Note: If you use your provider directory, you will need to enter the provider number into the Provider Subsystem, Screen 9 in MMIS as well. Or search by the provider name.

Step 9: Press F3 from the main page of the provider's file in Screen 9 to verify the provider's Managed Health Care status:
   a. Check that the MPASS field is set to "Y".

b. Has the provider reached the maximum number of patients that they will allow?
c. Does the provider accept all patients or are they current only?
d. Is there an age restriction?
e. What counties will the provider accept members from?

Step 10: Completing the enrollment:
a. If the provider does not have any restrictions complete the enrollment using the following steps:
   1. Place an "F" in the enroll code field.
   2. Type the provider's seven digit legacy number found in Screen 9, in the provider number field.
   3. Press the F10 key twice.
b. If the provider has a restriction, check to see if the member has previously been enrolled with the provider within the last year.
   1. If yes, an override would be requested by completing an EPP log as well as a contact log.
   2. If you have to complete a contact log you will fill out all information required and for incoming call you will mark the call as correspondence (See Member Services Reference Manual, Creating a Contact Log procedure).
   3. You will need to complete the enrollment part on call log on the Contact Log (See Member Services Reference Manual, Creating a Contact Log procedure).
   4. Then you need to click on the MPASS override button and put in the providers last name and the provider number.
   5. You need to make sure case number and county are listed and then yes or no if member is in open enrollment.
   6. Then submit form and click ok buttons.

Forms/Reports:
N/A

RFP References:
N/A

Interfaces:
MMIS MHC ENROLLMENT SUBSYSTEM
OnBase Workflow

Attachments:
None